JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

ROBERT W. SWANSON DIRECTOR

STATE PLUMBING BOARD DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF CONSTRUCTION CODES

Conference Room No. 1 2501 Woodlake Circle Okemos, Michigan 48864

AGENDA

September 18, 2007 10:00 a.m.

1. Call to Order and Determination of Quorum

D. Branch

- 2. Approval of Minutes July 18, 2007 (Pages 1 5)
- 3. Approval of Examination Results (Pages 6 8)
 Approval of Journey Plumber Examination Results July 19, 2007
 Approval of Master Plumber Examination Results July 19, 2007
 Approval of Plumbing Contractor Examination Results July 19, 2007
- 4. Applicants Appearing Before the Board (Pages 9 43)

A.	Halsted, Montgomery S.	Journey Plumber Applicant	10:05
В.	Peart, Chad T.	Journey Plumber Applicant	10:10
C.	Vachon, Kirk D.	Master Plumber Applicant	10:15
D.	Kontny, Christopher K.	Master Plumber Applicant	10:20
E.	Calvas, Bill T.	Master Plumber Applicant	10:25
F.	Soria, Daniel M. Jr.	Master Plumber Applicant	10:30
G.	Gibson, Rickey G.	Master Plumber Applicant	11:35
H.	Glushin, Jeremy T.	Master Plumber Applicant	11:40

The meeting site is accessible, including handicapped parking. Individuals attending the meeting are requested to refrain from using heavily scented personal care products, in order to enhance accessibility for everyone. People with disabilities requiring additional accommodations in order to participate in the meeting should contact the Plumbing Division at (517) 241-9330 at least 10 workdays before the event.

State Plumbing Board Agenda Page 2 September 18, 2007

5.	Goo	d Moral Character Appeals					
	A.	Rios, Ramon A.	Apprentice Applicant and Plumbing Contractor Applicant	10:30			
	В.	Hoekenga, Edward T.	Journey Plumber Applicant	10:45			
	C.	Wardell, Jeremiah J.	Apprentice Applicant	11:00			
	D.	Kemp, John L.	Apprentice Applicant	11:15			
	E.	Biber, Mike S.	Apprentice Applicant	11:30			
	F.	Yarbrough, Tracey L.	Plumbing Contractor Applicant	11:45			
	G.	Ohman, Eric K.	Apprentice Applicant	12:00			
6.	Cons	struction Code Appeals Reque	est				
7.	Chie	R. Konyndyk					
8.	Legi	R. Konyndyk					
9.	Plumbing Inspector Registration (Page 44) R. Konyndyk						
10.	Old Business						
11.	New	New Business					
12.	Public Comment						
13.	Next Meeting – October 30, 2007						
14.	Adjo	ournment					



STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY DIRECTOR

STATE PLUMBING BOARD DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF CONSTRUCTION CODES

Upper Peninsula State Fairgrounds 2401 12th Avenue North Escanaba, Michigan 49829

> MINUTES July 18, 2007 8:15 a.m.

MEMBERS PRESENT

Mr. Duane Branch, Chairperson

Ms. Valerie Cotanche

Mr. Richard Gaber

Mr. David Jones

Mr. Charlie Swindell

MEMBERS ABSENT

Mr. Michael Gaber

Mr. Brock Howard

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH PERSONNEL ATTENDING

Mr. Robert G. Konyndyk, Chief, Plumbing Division

Mr. Tom Perosky, State Plumbing Inspector

OTHERS IN ATTENDANCE

Mr. Scott McCullough, Seneca Middle School

Mr. Jack Korpi, Farwell Area Schools

Mr. Greg Woods, Farwell Area Schools

1. CALL TO ORDER AND DETERMINATION OF QUORUM

Chairperson Branch called the meeting to order at 8:15 a.m. A quorum was present at that time.

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES P.O. BOX 30254 • LANSING, MICHIGAN 48909 Telephone (517) 241-9330 • Fax (517) 373-8547 www.michigan.gov

2. APPROVAL OF MINUTES

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to approve the board minutes from the June 5, 2007 meeting. **MOTION CARRIED**.

3. <u>APPROVAL OF JOURNEY, MASTER AND PLUMBING CONTRACTOR EXAM RESULTS</u>

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to approve the results of the Journey and Master Plumber Examination held on June 6, 2007 and to approve the results of the Plumbing Contractor Examination held on June 13, 2007. **MOTION CARRIED**.

4. APPLICANTS APPEARING BEFORE THE BOARD

Mr. Terrance J. Ritchie, Master Applicant, appeared before the board requesting permission to take the Master Plumber Examination. Mr. Ritchie provided documentation verifying his out-of-state license was obtained through substantially the same requirements as the State of Michigan.

After a discussion with Mr. Ritchie regarding his qualifications to take the Master Plumber Examination, a **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to approve Mr. Ritchie be allowed to take the Master Examination. **MOTION CARRIED**.

5. NEW PRODUCTS

Tane Company – water powered backup sump pump BCCP-07-004

The Board reviewed a product approval request from Tane Company for water powered backup sump pump, models MG22 and MG 36. The Board noted Tane Company had updated their installation instructions to include the RPZ in the illustrations and instructions.

A **MOTION** was made by Board Member Swindell and supported by Board Member Jones to forward the product to the Commission for approval. **MOTION CARRIED**.

NIBCO Inc. – NIBCO press system fittings 2 ½", 3" and 4" sizes BCCP-07-009

The Board reviewed a product approval request from NIBCO Inc. for press system fittings 2 ½", 3", and 4" sizes.

A **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to forward the product to the Commission for approval. **MOTION CARRIED**.

Moen Inc. – kitchen pullout faucet model S758 and S658 BCCP-07-010

The Board reviewed a product approval request from Moen Inc. for kitchen pullout faucet model S758 and S658.

A **MOTION** was made by Board Member R. Gaber and supported by Board Member Swindell to forward the product to the Commission for approval. **MOTION CARRIED**.

6. CONSTRUCTION CODE APPEALS

Seneca Middle School - CCC-PLBG-07-004

Mr. Scott McCullough presented the board a construction code appeal request to allow the use of electronic trap seal primers conformation to ASSE 1044-01 which is different than the 1986 standard edition approved by the rule process and published in the current Michigan Plumbing Code.

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the construction code appeal request for Seneca Middle School. **MOTION CARRIED**.

Farwell Area Schools - CCC-PLBG-07-005

Mr. Jack Korpi and Mr. Greg Woods presented the board a variance request to allow the discharge of the floor drainage system to a pump and haul system.

A **MOTION** was made by Board Member Jones and supported by Board Member R. Gaber to approve the construction code appeal request for Farwell Area Schools. **MOTION CARRIED**.

7. CHIEF'S REPORT

Mr. Konyndyk provided information on the following issues:

An update on the plumbing licenses currently in issued status is the following: 2,883 Plumbing Contractors, 4,502 Master Plumbers, 5,115 Journey Plumbers, 1,757 Apprentice Registrations, and 65 Affidavit.

Effective September 18, 2007 the board meeting information will be provided to the board members thru the BCC Website. We will no longer mail out packets to the board. All information will be scanned and submitted in electronic version. Hard copies will no longer be supplied for board meetings.

An update on the rules was present by Mr. Konyndyk. It is estimated that the 2006 edition of the Michigan Plumbing Code projection date to be enforced is December 1, 2007. We are confident that the commercial code will be completed by then and the residential code will follow later.

It was previously approved by the board that effective September 2007 journey plumber applicants were to supply their pipe, copper fittings and solder in the amount needed in order to complete their examination. However, after an inventory of our supplies we will continue with our current exam process for September 2007 and December 2007.

License renewals are being entered by the division. Late fees became effective after June 30, 2007 for renewals and prices are as follows: plumbing contractor or master plumber late fee is \$85, journey plumber late fee is \$25, apprentice late fee is \$10 and affidavit late fee is \$28.

8. LEGISLATIVE UPDATE

There were no legislative matter update issues to discuss.

9. PLUMBING INSPECTOR REGISTRATION (1)

Mr. Robert Konyndyk provided the following plumbing inspector registration applicant for approval:

KORTAN, Michael S. Additional Inspector

Byron Township - Kent County

A **MOTION** for plumbing inspector registration was made by Board Member R. Gaber and supported by Board Member Swindell to forward the individual to the Construction Code Commission for approval. **MOTION CARRIED**.

10. LICENSING ACTION

The board reviewed the license action signed by Stanley J. Boven. The action was in conjunction with a settlement agreement for Conservation Reserve Group of Atlanta, Georgia. Mr. Konyndyk provided details concerning the event.

A **MOTION** was made by Board Member Swindell and supported by Board Member R. Gaber to accept the settlement agreement **MOTION CARRIED**.

State Plumbing Board Minutes
Page 5 of 5
July 18, 2007
11 OF DESCRIPCE

11. OLD BUSINESS

Mr. Konyndyk provided an update on the MWI no hub cast iron pipe and fittings product. He informed the Board of the work he is currently conducting per Mr. Green's instructions.

12.	NEW	BUSINESS

None

13. PUBLIC COMMENT

None

14. NEXT MEETING

August 22, 2007

15. ADJOURNMENT

Chairperson Branch adjourned the meeting at 11:30 a.m.	
Approved:	Date:

License Review – Journey Plumber **July 19, 2007**

The following individuals have received a passing score for the Journey Plumber examination taken in Escanaba, Michigan on July 19, 2007.

Journey Plumber	Address
BROOKS, NICHOLAS J	CHEBOYGAN MI
BURBY, RICHARD J III	QUINNESEC MI
EICHHORN, ABRAHAM J	POWERS MI
KEMPPAINEN, ERIC W	DODGEVILLE MI
MAC DOWELL, THOMAS B	RUDYARD MI
MACDOWELL, TIMOTHY J	RUDYARD MI
MAYER, TRAVIS J	RUDYARD MI

License Review – Master Plumber **July 19, 2007**

The following individuals have received a passing score for the Master Plumber examination taken in Escanaba, Michigan on July 19, 2007.

Master Plumber

<u>Address</u>

MICKELSON, DANIEL W

MUNISING MI

License Review – Plumbing Contractor **July 19, 2007**

The following individuals have received a passing score for the Plumbing Contractor examination taken in Escanaba, Michigan on July 19, 2007.

<u>Plumbing Contractor</u> <u>Address</u>

KING, DANIEL J GLADSTONE MI

ROSTEN, TYRONE A CHAMPION MI

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY DIRECTOR

August 27, 2007

Mr. Montgomery S. Halsted 3615 Andover Lane Hudsonville, MI 49426

Dear Mr. Halsted:

The Plumbing Division has received your Application for the **Journey Plumber Exam.** The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, **2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:05**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Colorado** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Journey Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909 517-241-9330

www.michigen.anu/hac

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited

The Department of Labor and Econor national origin, color, marital status, di with Disabilities Act, you may make yo

Instructions: Applicant shall be at least 18 years of age and have 6,000 ho be under the supervision of a master plumber. **Applicant shall be a current**

Out of State Experience No plumbing license in Michigan.

- · Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as an apprentice must certify your dates of employment and have their signature notanized.

 Enclose a check or money order made payable to the State of Michigan. Mail completed application (all pages must be submitted) and fee to the a 	address above
The second secon	OFFICE USE ONLY
Applicant Information	T-82 22(051
Halsted Montgomery Ste	SOCIAL SECURITY NUMBER*
3615 Andover lane	DATE OF BIRTH
Hudsonville	OHawa
Michigan zipcode 49426	TELEPHONE NUMBER (Include Area Code)
Current Status	
Have you previously applied to take the Michigan journey plumber example.	mination? Yes Yo
Are you now licensed as a journey plumber in another state or country Journey Plumber License No. 289256 StateA	
Are you registered as an apprentice with the State of Michigan? Apprentice No. 93	☐ Yes Yes
Apprentice No. 83	
Examination Preference Examinations are conducted in March, June, September and December of examination, an admission card will be mailed to you approximately 10 days full, you will be scheduled for the next available examination. Preferred Date September, 19, 2007 No Preference - Next Available	prior to the examination date. If the examination date you have selected is
If you have a disability and require an accommodation to take the examination, pleas psychologist, psychiatrist) to certify that your disabling condition requires the requested	e submit written documentation from a professional (education professional, doctor, test accommodation. Forms are available from this office.
Apprenticeship School	
Have you attended a joint apprenticeship school? Yes (complete interpretation) Yes (complete interpretation)	formation below)
Denver Plumbing Union #3 JATC	DER JET CO DATES ATTENDED (MO/DAY/YR)
Mark sand 1	From: 9/1/2002 To: 5/11/2007
2. Have you attended other plumbing schools (military, adult education, etc.)	
NAME OF SCHOOL	CITY STATE
INSTRUCTOR	DATES ATTENDED (MO/DAY/YR)
	From: To:

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Education				
HIGH SCHOOL		A	COLLEGE / UNIVERSITY	
Painwell Hig	h Schoo	7	Central Mich	gan University
Plainwell	STATE M.Z.	Ng an	Mt. Pleasant	Michigan
HIGHEST GRADE COMPLETED	DATE GRADUATED		MAJOR	DATE GRADUATED
1211	1989		General	1 4:45十
Background Information				
Have you been convicted of a felony	or misdemeanor?	y Yes	No	
If yes, complete the Conviction Histor for examination and issuance of a plu	y section below. I umber's license in	ailure to accurate the state of Michigan	ly respond to this question will resul gan.	t in you forfeiting any rights of consideration
above which asked if you had been co	invicted of a felon and to the best of	y or misdemeanor. 'your knowledge,	The information requested on this t	ain your affirmative response to the question
TOOK NAME WHEN CONVICTED				
INDICATE CONVICTION(S) FOR WHICH YOU W	VERE CHARGED	 -		
DATE(S) OF CONVICTION(S) AND SENTENCE(S)			
NAME AND ADDRESS OF SENTENCING COUR	T(S)			
CHECK YES OR NO TO THE FOLLOWING				
Are you a current inmate?	Yes	⊠ No	,	
2. Are you currently on probation / pa		— ⊠No		
	_			
If yes, provide the name, address and	i telephone numbi	er of the correction	al facility, probation officer or parol-	e officer.
RELEASE DATE FROM CUSTODY, PROBATION	OR PAROLE	71.54		
REHABILITATION PROGRAMS ENROLLED IN O	R COMPLETED			
				
conviction History Certification and				
I hereby certify the statements and fac the Bureau of Construction Codes to c	ts provided are true	le and accurate to	the best of my knowledge. By sign	ing this form, I give my permission to allow
SIGNATURE OF APPLICANT	ontaor appropriat	c agencies regald	Ing my record or conviction(s).	

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person who is licensed as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, but not licensed, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer	- This section is to	be completed by	y the master plumber				
NAME OF EMPLOYER				NAME OF MASTER PLU	JMBER		
BUSINESS ADDRESS			DATES OF APPRENTIC	CE'S EMPLOYMENT (MO/C	DAY/YR)		
CITY		STATE	1 zin cone	From:	To:	:	
Citt		SIAIE	ZIP CODE	☐ Full Time	☐ Part Time	No. Hours/We	ek
TYPE OF WORK PERFO	RMED			<u> </u>			
☐ Residential DESCRIPTION OF WORL	☐ Heavy Cor	nstruction	Industrial	☐ Commercial	☐ Mair	ntenance	☐ Repair
I certify I am/was e	ngaged in the bu	siness of being a	n authorized master				
whose principal occ	cupation was eng	aged in learning	by as an apprentice and assisting in the		rn before me,		····
of any statement is	of plumbing drain s cause for rejec	lage. I further und ction of applicati	derstand falsification on or revocation of	this day of			.,
license, if issued. SIGNATURE OF MASTER PLUMBER			a Notary Public in and	d for		County, Michigan.	
DIGITAL OF MINOTES	(FLOWIDER			Signature of Notary P	Public		
LICENSE NUMBER			My Commission expir	res:		,	

Previous Employer - This section NAME OF EMPLOYER	is to be complete	ed by the master plumbe	er who supervised the NAME OF MASTER PLU			
PARIS OF LINE COPER			NAME OF MASIER PLU	JMBER		
BUSINESS ADDRESS			DATES OF APPRENTIC	E'S EMPLOYMENT (MO/D	AY/YR)	
and the second s			From:	To:		
CITY	STATE	ZIP CODE	☐ Full Time	☐ Part Time	No. Hours/	ññ Lack
TYPE OF WORK PERFORMED			Li Fui line	L. Fait time	NO. Hours	vveek
	Construction	☐ Industrial	☐ Commercial	☐ Main	tenance	☐ Repair
DESCRIPTION OF WORK				**************************************		
t			T			
I certify I am/was engaged in the t plumber and the applicant was a	DUSINESS OF DEING	J an authorized master	}			
whose principal occupation was er	engaged in learnii	ing and assisting in the	Subscribed and sworr	n before me,		
practical installation of plumbing dra	ainage. I further	understand falsification	1			
of any statement is cause for re	ejection of applic	ation or revocation of	this day or			·
license, if issued.			a Notary Public in and	i for		County, Michigar
SIGNATURE OF MASTER PLUMBER						
			Signature of Notary F	ublic		
LICENSE NUMBER		<u></u>	My Commission expir	es:		
			<u> </u>			
revious Employer - This section is	s to be complete	d by the master plumbe	r who supervised the	applicant		
NAME OF EMPLOYER			NAME OF MASTER PLU	MBER		
			ļ			
BUSINESS ADDRESS			DATES OF APPRENTICE	'S EMPLOYMENT (MO/DA	Y/YR)	
		1	<u> </u>	_		
CITY	STATE	ZIP CODE	From:	To:		
TYPE OF WORK PERFORMED			☐ Full Time	☐ Part Time	No. Hours/	Week
_						
☐ Residential ☐ Heavy C	onstruction	☐ Industrial	☐ Commercial	☐ Maint	enance	☐ Repair
DESCRIPTION OF WORK				A		
I certify I am/was engaged in the bi plumber and the applicant was ac	usiness of being	an authorized master	•			
whose principal occupation was en	naaced in learnir	no and assisting in the	Subscribed and sworn	before me,		
practical installation of plumbing dra	ainage. I further u	understand falsification		·		
of any statement is cause for rej			this day or _	•		
icense, if issued.			a Notary Public in and	for		County, Michigan
SIGNATURE OF MASTER PLUMBER			Diameters of Notons De	10.		
			Signature or Notary Fu	ablic	-	
ICENSE NUMBER			My Commission expire	es:		
ertification and Signature (Must b	he signed by all	continents)				
·····						
certify the information provided is inderstand falsification of any states	true and accura ment is pause fo	te to the best of my abi	lity and that I have t	he experience requinse, if issued.	red for this ex	camination. I furthe
IGNATURE OF APPLICANT	71			DATE		
71/////////////////////////////////////	<i>X</i> /	/		217	10-1	



JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY DIRECTOR

August 27, 2007

Mr. Chad T. Peart 27 EMS B38A Lane Leesburg, IN 46538

Dear Mr. Peart:

The Plumbing Division has received your Application for the **Journey Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, **2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:10**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely.

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Journey Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Plumbing Division P.O. Box 30255 Lansing, MI 48909 517-241-9330

Examination Fee: \$50.00 (Nonrefur	ıdable)	
Authority: 2002 PA 733 Completion: Necessary For Exem Consideration Penalty: Examination Will Not Be Given	The Department of Labor & Economic Growth will n color, manital status, disability, or political beliefs. If y make your needs known to this agency.	•
		Out of State Experience
Instructions - Applicant shall be at experience shall be under the superv PA 733.		Not registered as an apprentice in Michigan.
		the state of the s
 Enclose a check or money order ma 	ou as an apprentice must certify your da	tes of employment and have their signature notarized.
Applicant Information		T-82 22042 V
Applicant Information NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER
PEART	THAD Thomas	
HOME ADDRESS 27 EMS R	38 A Come	DATE OF BIRTH
CITY	70 77 CO-32	COUNTY
Leesburg		Carsing Mich
STATE	ZIP CODE	TELEPHONE NUเทีย์ER (Include Area Code)
Current Status	1,833	
	ke the Michigan journey plumber exami	nation? Yes X No
	그 가 맛있다. 그 그는 사람들 사람은 사람	
2. Are you now licensed as a journey	plumber in another state or country?	⊠Yes
Journey Plumber License No.	Contractor 10000036	State/Country Indiana
3. Are you registered as an apprentic	e with the State of Michigan?	□ Yes X No
Apprentice No. 83-		
Examination Preference		
If approved for examination, an ac examination date you have selected Preferred Date	Imission card will be mailed to you a is full, you will be scheduled for the nex of Preference - Next Available Examinat	lion - The state of the state o
If you have a disability and require an professional, doctor, psychologist, psycholog	aecommodation to take the examination, afrist) to certify that your disabling condition	please submit written documentation from a professional (education requires the requested test accommodation. Forms are available from
Apprenticeship School		Caraban Salah Calaban Baratan B
Have you attended a joint apprent	ticeship school?	information below) 🔲 No
NAME OF SCHOOL PHCC		CITYISTATE Elkhart In
instructor 3-Instructor		DATES ATTENDED (MO/DAY/YR) FROM: 1998 TO: 2000
2. Have you attended other plumbin	g schools (Military, Adult Education, Etc	c.)? Yes (Complete information below) No
NAME OF SCHOOL		CITY/STATE
INSTRUCTOR		DATES ATTENDED (MO/DAY/YR)

*This Information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Education			
HIGH SCHOOL	Am Hallal	COLLEGE/UNIVERSITY	University
CITY/STATE Hollidayshara	PA	Stopen Rock PA	Onverig
HIGHEST GRADE COMPLETED	DATE GRADUATED	MAJOR //	DATE GRADUATED (12/25)
Background Information		1000	
Have you been convicted of a felor	ny or misdemeanor?	VINO	
If yes, complete the Conviction His consideration for examination and	story section below. Failure to accur. issuance of a plumber's license in the	ately respond to this question will re e state of Michigan.	sult in you forfeiting any rights of
Conviction History In accordance with the Former Offer the question above which asked if you	nders Act, 1974 PA 381, this is to p ou had been convicted of a felony or	provide you with an opportunity to exmisdemeanor.	xplain your affirmative response to
If you are unsure of exact details, re 733 and will be used to process your			is form is required under 2002 PA
YOUR NAME WHEN CONVICTED			
INDICATE CONVICTION(S) FOR WHICH YOU WEF	RE CHARGED	· · · · · · · · · · · · · · · · · · ·	
DATE OF CONVICTION(S) AND SENTENCE(S)			
NAME AND ADDRESS OF SENTENCING COURTS	·		
		•	
CHECK YES OR NO TO THE FOLLOWING			
1. Are you a current inmate?	Yes No		
2. Are you currently on probation / p	parole? Yes No		
If yes, provide the name, address a	nd telephone number of the correcti	onal facility, probation officer, or par	ole officer.
RELEASE DATE FROM CUSTODY, PROBATION, C	R PAROLE	<u></u>	
REHABILITATION PROGRAMS ENROLLED IN OR C	COMPLETED		
Conviction History Certification an			
I hereby certify the statements and permission to allow the Bureau of C	I facts provided are true and accur construction Codes and Fire Safety t	rate to the best of my knowledge. o contact appropriate agencies rega	By signing this form, I give my arding my record of conviction(s).
SIGNATURE		DATE	
	Commence Statement of Commence	-	



Tran Info:95 13157217-1 08/08/07 Chk#: 150760 Amt: \$50.00 ID: J O MORY INC

Experience Record

Master plumbers completing the work history information shall begin with the most recent employment and continue in reverse time order. Describe the type of work performed in detail to enable the reviewer to correctly evaluate qualifications. List each position held as an apprentice plumber. If there is a lapse in employment (military service, jobs unrelated to plumbing, unemployment, etc.) please explain.

Part-Time Experience

If the applicant has any part-time experience, or if period of employment starts before graduation from high school or while attending college, a separate sheet on company letterhead must be attached documenting exactly how many hours were worked each week during the period. The attached sheet must also be notarized and signed by the authorized master plumber including his/her license number.

Out-of-State/Country Experience

A person **who is licensed** as a journey plumber in another state or country may qualify for examination upon a determination by the Board that the license was obtained by the person through substantially the same or equal requirements as those of the State of Michigan. Out of state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country. If the applicant has out-of-state/country experience, **but not licensed**, the applicant must provide a license certification letter from that state's licensing entity to verify their employer held a license as a plumbing contractor during their employment.

Present Employer - This section is to be completed by the master plumber	supervising the applicant 1440
J.O. Mory Inc	NAME OF MASTER PLUMBER Gene Mory, JR.
7470 So. ST. Rd 3	DATES OF APPRENTICE'S EMPLOYMENT: (MM/DB/YY) FROM: 4-10-06 TO: Present
South Millery In 46786	WORK SCHEDULE NUMBER OF HOURS WORKEDWEEK FULL TIME □ PART TIME
TYPE OF WORK PERFORMED Residential	, Commercial ☐ Maintenance ☐ Repair
FLAMIL FINEL COMMERCIAL Plumby Bo	las, in Hoor HTG Roughing->
I certify I am/was engaged in the business of being an authorized mast plumber and the applicant was actually in my employ as an apprentic whose principal occupation was engaged in learning and assisting in the practical installation of plumbing drainage. I further understand falsification of any statement is cause for rejection or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER LICENSE NUMBER LICENSE NUMBER	this 18th DAY OF Quely 2007

Previous Employer - This section is to be completed by the master plumber who supervised the applicant ELMER STUTZAMAN BUSINESS ADDRES 2006 FROM NUMBER OF HOURS WORKEDWEEK STATE WORK SCHEDULE CITY 🗹 FÜLLTIME ☐ PART TIME TYPE OF WORK PERFORMED ☐ Maintenance □ Repair Industrial □★Commercial Residential DESCRIPTION OF WORK Resoluntos I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as an apprentice whose principal occupation was engaged in learning and assisting in the 2007 practical installation of plumbing drainage. I further understand falsification A NOTARY PUBLIC IN AND FOR COUNTY of any statement is cause for rejection or revocation of license, if issued. MICHIGAN INDIA Inambal (Signature) NOTARY PUBLIC MY COMMISSION EXPIRES: Previous Employer - This section is to be completed by the master plumber who supervised the applicant NAME OF MASTER PLUMBER NAME OF EMPLOYER DATES OF APPRENTICE'S EMPLOYMENT: (MM/DD/YY) BUSINESS ADDRESS FROM NUMBER OF HOURS WORKEDWEEK WORK SCHEDULE CITY STATE ZIP ☐ FULL TIME ☐ PART TIME TYPE OF WORK PERFORMED ☐ Maintenance Heavy Construction □ Industrial □ Commercial ☐ Repair ☐ Residential DESCRIPTION OF WORK I certify I am/was engaged in the business of being an authorized master SUBSCRIBED AND SWORN BEFORE ME, whose principal occupation was actually in my employ as an apprentice whose principal occupation was engaged in learning and accepting in the practical installation of prumbing dramage. Truffler understand falsification of any statement is cause for rejection or revocation of license, if issued. DAY OF --A NOTARY PUBLIC IN AND FOR COUNTY MICHIGAN SIGNATURE OF MASTER PLUMBER (Signature) NOTARY PUBLIC LICENSE NUMBER MY COMMISSION EXPIRES: Certifiction and Signature (Must be completed by all applicants) I certify the information provided is true and accurate to the best of my ability and I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection of application or revecation of Illicance / if issued. SIGNATURE

BCCFS-331 (Rev. 4/06) Page 4





KEITH W. COOLEY

June 21, 2007

Mr. Kirk D. Vachon 611 W. Fifth Avenue Garrett, IN 46738

Dear Mr. Vachon:

The Plumbing Division has received your Application for the Master Plumber Exam. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, 2007; located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at 1015. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19**, **2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Plumbing Division P.O. Box 30255 Lansing, MI 48909 517-241-9330

www.michigan.gov/bccfs

Examination Fee: \$50.00 (Nonrefundable))	~~~~		. /	L
Authority: 2002 PA 733 Completion: Necessary For Exam Consideration Penalty: Application Carcelled & Fee Forfeited	The Department of Labor & Econor origin, color, marital status, disabii Disabilities Act, you may make you	GMC – YES	C	K	national .ns with
Instructions - Applicant shall be at least 18 hours experience in work as a journey plumb		Out of State	Experie	nce	f 4,000
 Complete and sign original application. I Master plumbers who supervised you as a Enclose a check or money order made pay Mail completed application (all pages must 	journey plumber must ce able to the State of Micl	He also sent Plumbing Co scheduled fo	ntractor	exam & is	
Eligibility of Applicants From Another Sta A person who is licensed as a master plumb the license was obtained by the person thr state/country applicants must provide a copy	er in another state or count ough substantially the sam	ne or equal requirem	ents as tho	se of the state	of Michigan. Out-of-
			r	OFFICE USE ONLY	
Applicant Information				T-81	
NAME (LAST, FIRST, MIDDLE) VACHON KIR	ce D.	SOCIAL S	ECURITY NUMB		
HOME ADDRESS W. FIFTH	AVENUE	DAT	BITATPI		
CITY		COUNTY	DEK.	4 613	
STATE IN DIANA	ZIP CODE 46738		NE NUMBER (Inc		
Current Status					
Have you previously applied to take the	Michigan master plumber ex	ramination?	! Yes	No No	
2. Have you been licensed as a journey plu	mber in Michigan?		Yes	⊠ No	
Journey Plumber License No. 82-	outo, state	_			
3. Are you licensed as a master plumber in	9600 0 68	115	Yes AAA	□ No	
Master Plumber License No. 44	<u>(</u>	ate/Country <u>07</u>	<u>ව</u>		
Examination Preference					
Examinations are conducted March, June, approved for examination, an admission can date you have selected is full, you will be so	rd will be mailed to you app	roximately 10 days p			

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from

No Preference - Next Available Examination

this office.

Preferred Date

Background information
Have you been convicted of a felony or misdemeanor? Yes No I Don't KHOW IF THIS WAS H
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.
Conviction History
In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response
the question above which asked if you had been convicted of a felony or misdemeanor.
If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 P
733 and will be used to process your application. Attach addition sheet(s) if necessary.
YOUR NAME WHEN CONVICTED , //
KIRE D. VACHON
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
WREUKLESS DRIVING :
DATE OF CONVICTION(S) AND SENTENCE(S)
5/84 2 WELKENIDS COMMUNING SERVICE + FINE.
NAME AND ADDRESS OF SENTENCING COURTS
Allow Connetty
100 MAIN STREET
Fort WANGE IN
CHECK YES OR NO TO THE FOLLOWING
1. Are you a current inmate? ☐ Yes ☐ No
2. Are you currently on probation / parole? Yes No
· · · · · · · · · · · · · · · · · · ·
If yes, provide the name, address and telephone number of the correctional facility, probation officer, or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION, OR PAROLE
\mathcal{H}/\mathcal{A}
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED
MIA
Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)
I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my
permission to allow the Bureau of Construction Codes and Fire Safety to contact appropriate agencies regarding my record of conviction(s).
SIGNATURE DATE

NAME OF EMPLOYER	section is to be con	npleted by the mast	er plumber supervising the applicant NAME OF MASTER PLUMBER	
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:	
CITY	STATE	710	FROM (MO/DAY/YR) TO (MO/DAY/YR)	
CITY	SIAIE	ZIP		
TYPE OF WORK PERFORMED			PART TIME NO. FIRSTWEEN	
	avy Construction	☐ Industrial	☐ Commercial ☐ Maintenance ☐	Repair
DESCRIPTION OF WORK				
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installing plumbing. I further u			nt is	
cause for rejection or revocation			A NOTARY PUBLIC IN AND FOR	COUNTY
SIGNATURE OF MASTER PLUMBER			MICHIGAN	
JCENSE NUMÆR			(Signature) NOTARY PUBLIC	
OCHOE NOWILLIN				
evious Employer - This section	is to be completed	hy the master nlum	ber who supervised the applicant	
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BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT:	
TY	STATE	ZiP	FROM (MO/DAY/YR) TO (MO/DAY/YR)	
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YPE OF WORK PERFORMED				
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lumber and the applicant was a estalling plumbing. I further u	ictually in my emplo	by as a journey plum	nt is DAY OF	
ause for rejection or revocation				COUNTY,
GNATURE OF MASTER PLUMBER			MICHIGAN	
LICENSE NUMBER		(Signature) NOTARY PUBLIC		
	<u></u>		MY COMMISSION EXPIRES:	
tification and Signature (To b	e completed by all	applicants)		
certify the information provided	is true and accura	te to the best of my	ability and I have the experience required for this examinapplication or revocation of license, if issued.	ation.
rtner understand talsification of	any statement is ca	tuse for rejection of a	DATE	
	. 17		6-8-07	

Tran Info:92 13031739-1 ∨6/11/07 CHRW: 2062 Amt: \$50.GQ/ ID: KIRK VACHON



STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY

July 18, 2007

Mr. Christopher K. Kontny 920 Chapple Ave. Ashland, WI 54806

Dear Mr. Kontny:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18, 2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:20**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Wisconsin** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

Your application for Plumbing exam was **not signed and dated**. Your original application will be placed in our pending file until the enclosed application is completed and returned to us.

Please return this letter with the required documents to:

Department of Labor & Economic Growth Bureau of Construction Codes, Plumbing Division P.O. Box 30254 Lansing, Michigan 48909

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk Chief

Plumbing Division

RGK/mkr Enclosure

Providing for Michigan's Safety in the Built Environment

BUREAU OF CONSTRUCTION CODES P.O. BOX 30254 • LANSING, MICHIGAN 48909 Telephone (517) 241-9330 • Fax (517) 373-8547 www.michigan.gov Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909 517-241-9???

www.michigan.g

6/26/7 cl#1471 50,00 1D Chris Kortny 92

Examination Fee: \$50.00 (Nonrefundable)

2002 PA 733 Authority:

Necessary for examination consideration Application cancelled and fee forfeited Penalty:

The Department of Labor and Economic national origin, color, marital status, disabi with Disabilities Act, you may make your n Out of State Experience No plumbing license in Michigan Signature / no applicant CK

Instructions: Applicant shall be at least 18 years of age, hold a journey license issued under 2002 PA 733 and have a minimum of 4,000 hours experience in work as a journey plumber over a period of at least 2 years immediately preceding the date of application.

- · Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Outof-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

		OFFICE USE ONLY				
Applicant Information		T-81 - 1 2 150				
NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER*				
Kontry K. Ch.	RISTOPHER	,				
		DATE OF BIRTH				
920 CHAPPLE AVE						
ASHI AND		ASHLAND				
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)				
WI	54806					
Owner the Charles			To Alexander			
Current Status						
Have you previously applied to take the Michiga	in master plumber examination?	☐Yes ☑ No				
Have you been licensed as a journey plumber in	n Michigan?	'☐Yes ☑ No				
Journey Plumber License No. 82-						
1						
3. Are you licensed as a master plumber in anothe	er state or country?	⊠Yes				
Master Plumber License No. 1497Z	State/Country	WISCONSIN				
Examination Preference						
	ber and December of each year. P	Please indicate a preference of examination date. If app	proved for			
		e examination date. If the examination date you have se				
full, you will be scheduled for the next available exam	nination.					
Preferred Date						
	Preference - Next Available Examir	ination .				
SEPTEMBEE 2007	Total Chief Trong Wand Die Engille					
I if you have a disability and require an accommodation to tall psychologist, psychiatrist) to certify that your disabling condit		ritten documentation from a professional (education profession modation. Forms are available from this office.	iai, doctor,			

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Background Information
Have you been convicted of a felony or misdemeanor? ☐ Yes ☒ No
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.
Conviction History In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.
If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.
YOUR NAME WHEN CONVICTED
- NA
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
NA
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NA
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO. TO THE FOLLOWING
1. Are you a current inmate?
2. Are you currently on probation / parole?
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
a. M
NA
RÉLEASE DATE FROM CUSTODY, PROBATION OR PAROLE
NA
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED
Conviction History Certification and Signature (To be signed only if Conviction History section above is completed) I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow
the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).
SIGNATURE OF APPLICANT L. Christophu Kontin DATE 6-18-07

DUT OF STATE ApplicaTE

Employment Information - This sect	ion is to be compl	eted by the master p	lumber supervising t	he applicant		
NAME OF EMPLOYER			NAME OF MASTER PLU	MBER		
BUSINESS ADDRESS			DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)			
			From:	To:		
CITY	STATE	ZIP CODE	1 10111.	10,		
			C Cull Time	☐ Part Time	No. Hours/W	ook
TYPE OF WORK PERSONNER	<u> </u>	<u> </u>	☐ Full Time	L rait finie	140. 110015/44	SGK
TYPE OF WORK PERFORMED						
☐ Residential ☐ Heavy Co	nstruction	☐ Industrial	☐ Commercial	☐ Main	tenance	☐ Repair
DESCRIPTION OF WORK	•					
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cause for rejection of application or r	evocation of licen	se, if issued.	thisuay or			_1
SIGNATURE OF MASTER PLUMBER			a Notary Public in and	for		County, Michigan.
			Signature of Notary P	ublic		
LICENSE NUMBER			algratare or riotary r		· · · · · · · · · · · · · · · · · · ·	
			My Commission expir	es:		
			<u> </u>			
Previous Employer - This section is:	to be completed b	y the master plumbe	r who supervised the	applicant		
NAME OF EMPLOYER			NAME OF MASTER PLU	MBER		:
						-
BUSINESS ADDRESS			DATES OF JOURNEY E	MPLOYMENT (MO/DAY/YF	₹)	
			From:	To:		
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TYPE OF WORK PERFORMED						
☐ Residential ☐ Heavy Co	nstruction	☐ Industrial	☐ Commercial	☐ Main	tenance	☐ Repair
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SIGNATURE OF MASTER PLUMBER		a Notary Public in and forCounty, Michigan.				
		Signature of Notary Public				
LICENSE NUMBER		addition of Marin 1 mano				
		My Commission expir	es:		,	
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Certification and Signature (Must b	e signed by all ap	plicants)				
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understand falsification of any staten	nent is cause for r	ejection of application	n or revocation of lice	ense, if issued.		
SIGNATURE OF APPLICANT		- * * * * * * * * * * * * * * * * * * *		DATE		

Original application is held in the Plumbing Division's office. Please complete the application and return to us promptly.

COTTY STATE ZIP FROM (MODAYYE) TO (MODAYYEN) TO MODAYYEN PARTTIME NO. HISMORER TO MODAYYEN PARTTIME NO. HISMORER Repair Residential Heavy Construction Industrial Commercial Maintenance Repair DESCRIPTION OF WORK I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber statement is a NO.FRY PUBLIC IN AND FOR NO. COUNTY MODAYYEN PUBLIC IN AND FOR NO. COUNTY PUBLIC IN AND FOR	NAME OF EMPLOYER	ils section is to be con	ilpleted by the mast	Propumber supervising the applicant NAME OF MASTER PLUMBER
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urther understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	rtification and Signature (To	be completed by all	applicants)	
PPLICANTS SIGNATURE 7-25-17	certify the information providently urther understand falsification	ed is true and accura	te to the best of my	ability and I have the experience required for this examination. application or revocation of license, if issued.
	PPLICANT'S SIGNATURE	Kt		

Mr. Christopher K. Kontny Out of State Applicant Scheduled to appear before board September 18, 2007

JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY

August 6, 2007

Mr. Bill T. Calvas 24626 Oxford Dearborn, MI 48124

Dear Mr. Calvas:

The Plumbing Division has received your Application for the Master Plumber Exam. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on September 18, 2007, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at 10:25. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of California** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chie

Plumbing Division

RGK/mkr

Enclosure

Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909

517-241-9330 www.michigan.gov/bcc Tran Enfo192 13112100-1 07/23/07 ChkA: 3312 Amb: \$50.00 (D: BETTER HOMES MODERNIZATION

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733

Completion: Necessary for examination consideration national origin
Penalty: Application cancelled and fee forfeited with Disabilitie

The Department of Labor and Economic national origin, color, marital status, disal with Disabilities Act, you may make your r

Out of State Experience No plumbing license in Michigan

Instructions: Applicant shall be at least 18 years of age, hold a journe hours experience in work as a journey plumber over a period of at least

- Complete and sign original application. Type or print in ink.
- · Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- · Enclose a check or money order made payable to the State of Michigan.
- Mail completed application (all pages must be submitted) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

	OFFICE USE ONLY
Applicant Information	T-81 - 12/1/0
NAME (Last First, Middle)	SOCIAL SECURITY NUMBER*
CAIVAS, Will IOM	
HOME ADDRESS	DATE OF BIRTH
LA4666 Oxtord	
CITY	COUNTY
Dearborn	WAYNE
STATE ZIP CODE	TELEPHONE NUMBER (Include Area Code)
1 MI. 1 48124	
Current Status	
Have you previously applied to take the Michigan master plumber examination?	□ Yes 🗘 No
	_
2. Have you been licensed as a journey plumber in Michigan?	☐Yes ♠ No
Journey Plumber License No. 82	
	·
3. Are you licensed as a master plumber in another state or country?	Tes No
Master Plumber License No. 897572 State/Country C	Alifornia, USA.
Stational Transfer of the Control of	
Examination Preference	
Examinations are conducted in March, June, September and December of each year. Plea	se indicate a preference of examination date. If approved for
examination, an admission card will be mailed to you approximately 10 days prior to the ex	amination date. If the examination date you have selected is
full, you will be scheduled for the next available examination.	
Preferred Date	
No Preference - Next Available Examinat	ion
If you have a disability and require an accommodation to take the examination, please submit written	documentation from a professional (education professional desta-
psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommod	iation. Forms are available from this office.
	······································

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

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Employment Information - This section is to be completed by the master p		licant	
NAME OF EMPLOYER	NAME OF MASTER PLUMBER		,
Detter Homes Mad	15:11 CALV		
24626 Oxford St.	DATES OF JOURNEY EMPLOYM From:	MENT (MO/DAY/YR) To:	
CITX STATE ZIP CODE	1		
UDN. MI. 48/24	☐ Full Time ☐ Pa	art Time No. Hours	s/Week
TYPE OF WORK PERFORMED			
Residential	Commercial	Maintenance	Repair
DESCRIPTION OF WORK			
I certify I am/was engaged in the business of being an authorized master			
plumber and the applicant was actually in my emptoy as a journey plumber installing plumbing. I further understand falsification of any statement is	Subscribed and sworn before		
cause for rejection of application or revocation of license, if issued.	this day of		
SIGNATURE OF MASTER PLUMBER	a Notary Public in and for		County, Michigan.
K Ndell Calus	Signature of Notary Public		
LICENSE NUMBER			
897572	My Commission expires:		
	'		
Previous Employer - This section is to be completed by the master plumbe NAME OF EMPLOYER	r who supervised the applica NAME OF MASTER PLUMBER	ant	
N/A			
BUSINESS ADDRESS	DATES OF JOURNEY EMPLOYME	ENT (MO/DAY/YR)	
	From:	•	
CITY STATE ZIP CODE	From:	To:	
	│ │ ☐ Full Time ☐ Pa	art Time No. Hours	05f1.
TYPE OF WORK PERFORMED	Li Fun inte	art Time No. Hours	/Week
☐ Residential ☐ Heavy Construction ☐ Industrial	FI Communical	- Marintanana	п в
DESCRIPTION OF WORK	☐ Commercial	☐ Maintenance	□ Repair
I certify I am/was engaged in the business of being an authorized master			
plumber and the applicant was actually in my employ as a journey plumber	Subscribed and sworn before r	me,	
installing plumbing. I further understand falsification of any statement is	this day of		
cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER			
	a Notary Public in and for		
LICENSE NUMBER	Signature of Notary Public		
	My Commission expires:		··

Certification and Signature (Must be signed by all applicants)			
I certify the information provided is true and accurate to the best of my abi	ility and that I have the exp	erience required for this e	examination. I further
understand falsification of any statement is cause for rejection of application			
SIGNATURE OF APPLICANT	or revocation of license, if i	issued.	

Background Information
Have you been convicted of a felony or misdemeanor?
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.
Conviction History In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.
If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.
YOUR NAME WHEN CONVICTED V/A
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
N/A
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
N/A
NAME AND ADDRESS OF SENTENCING COURT(S)
N/A
CHECK YES OR NO TO THE FOLLOWING
1. Are you a current inmate? Yes No
2. Are you currently on probation / parole?
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
/
N/A
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED
Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)
I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).
SIGNATURE OF APPLICANT DATE



JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY

August 6, 2007

Mr. Daniel M. Soria Jr. 1052 Albin Drive Laporte, IN 46350

Dear Mr. Soria:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, **2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **10:30**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Indiana** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909 517-241-9330 www.michigan.gov/bcc

Examination Fee: \$50.00 (Nonrefundable)

Authority: Completion: Penalty:	Necessary for examination consideration	The Department of Labor and Econo national origin, color, marital status, o with Disabilities Act, you may make y

Instructions: Applicant shall be at least 18 years of age, hold a jour hours experience in work as a journey plumber over a period of at k

Out of State Experience No plumbing license in Michigan. He is scheduled to take our 09/26/2007 plumbing contractor exam.

0

- Complete and sign original application. Type or print in ink.
- Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- · Mail completed application (all pages must be submitted) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

Applicant Information			T-81 - 12 1 M
NAME (Last, First, Middle)		SOCIAL SECU	RITY NUMBER
SCIZIA IR. DANIEL HOME ADDRESS	Μ.	DATE OF BIRT	- -
1052 AUGIN DILIVE			
LaPorte		COUNTY	a Ponte
STATE	ZIP CODE	TELEPHONE N	UMBER (Include Area Code)
INDIANA	46350		
Current Status			
Have you previously applied to take the Michigan	master plumber examination?	Yes	No
The first year provided by applied to fall of the first light.	· · · · · · · · · · · · · · · · · · ·		
2. Have you been licensed as a journey plumber in	Michigan?	Yes	☑No
Journey Plumber License No. 82-	State		
3. Are you licensed as a master plumber in another	•	Yes	□ No
Master Plumber License No. <u>JP2970 o 9 5 3</u>	State/Country	ANAIGHT	
Examination Preference			
Examinations are conducted in March, June, September examination, an admission card will be mailed to you a full, you will be scheduled for the next available examination.	pproximately 10 days prior to t		
Preferred Date No Preferred Date SEPTEMBER - 2007	reference - Next Available Exa	mination	
If you have a disability and require an accommodation to tak psychologist, psychiatrist) to certify that your disabling condition			

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

BCC-329 (Rev. 3/07) Page 1

Background Information
Have you been convicted of a felony or misdemeanor?
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.
Conviction History n accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor. If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will
be used to process your application. Attach additional sheet(s) if necessary. YOUR NAME WHEN CONVICTED
TOOK HAWE WILLY CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING
1. Are you a current inmate?
2. Are you currently on probation / parole? Yes No
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
is you, provide the name, address and telephone named or the concentral radiity, provided to the or parcie officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED
conviction History Certification and Signature (To be signed only if Conviction History section above is completed)
hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).
SIGNATURE OF APPLICANT DATE

Employment Information - This see	ction is to be com	pleted by the master p	lumber supervising t	he applicant	<u></u>		
NAME OF EMPLOYER			NAME OF MASTER PLUMBER				
BUSINESS ADDRESS		DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)					
			From: To:				
CITY	STATE	ZIP CODE	1				
			☐ Full Time	☐ Part Time	No. Hours/W	/eek	
TYPE OF WORK PERFORMED							
☐ Residential ☐ Heavy C	onstruction	☐ Industrial	☐ Commercial	☐ Maint	tenance	☐ Repair	
DESCRIPTION OF WORK							
I certify I am/was engaged in the b	usiness of being	an authorized master					
plumber and the applicant was actu	ally in my employ	as a journey plumber	Subscribed and swor	n before me,			
installing plumbing. I further under cause for rejection of application or			this day of				
SIGNATURE OF MASTER PLUMBER	revocation of lice	aise, ii issueu.	1	d for			
LICENSE NUMBER			Signature of Notary P	Public			
			My Commission expires:				
			<u>. </u>				
Previous Employer - This section is	to be completed	l by the master plumbe					
NAME OF EMPLOYER			NAME OF MASTER PLU	IMBER			
BUSINESS ADDRESS			DATES OF JOURNEY E	MPLOYMENT (MO/DAY/YR	0		
			From:	To:			
CITY	STATE	ZIP CODE]				
			☐ Full Time	☐ Part Time	No. Hours/W	/eek	
TYPE OF WORK PERFORMED		-					
☐ Residential ☐ Heavy Co	onstruction	☐ Industrial	☐ Commercial	☐ Maint	tenance	☐ Repair	
DESCRIPTION OF WORK							
I certify I am/was engaged in the bi	usiness of being	an authorized master					
plumber and the applicant was actual				n before me,			
installing plumbing. I further under			this day of				
cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER			a Notary Public in and forCounty, Michigar				
LICENSE NUMBER		Signature of Notary Public					
			My Commission expires:				
		 					
Certification and Signature (Must I	be signed by all a	applicants)					
I certify the information provided is understand falsification of any state					ired for this exa	amination. I further	
SIGNATURE OF APPLICANT				DATE			
\bigcirc \downarrow \downarrow \downarrow	, Q	A (



JENNIFER M. GRANHOLM GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY DIRECTOR

August 28, 2007

Mr. Rickey G. Gibson 1901 Melrose Street Garland, TX 75042

Dear Mr. Gibson:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, **2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **11:35**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of Texas** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely,

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909

517-241-9330 www.michigan.gov/bcc Tran Info:92 13192558-1 08/20/07 Chk#: 10141863243 Amt: \$50.00

ID: RICKEY GIBSON

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733
Completion: Necessary for examination consideration
Penalty: Application cancelled and fee forfeited

The Department of Labor and Economic Growt national origin, color, marital status, disability, or with Disabilities Act, you may make your needs i

Instructions: Applicant shall be at least 18 years of age, hold a journey lic hours experience in work as a journey plumber over a period of at least 2 y

Out of state experience No plumbing license in Michigan.

- · Complete and sign original application. Type or print in ink.
- · Master plumbers who supervised you as a journey plumber must certify your dates of employment and have their signature notarized.
- Enclose a check or money order made payable to the State of Michigan.
- · Mail completed application (all pages must be submitted) and fee to the address above.

Eligibility of Applicants From Another State or Country

A person who is licensed as a master plumber in another state or country may qualify for examination upon a determination by the board that the license was obtained by the person through substantially the same or equal requirements as those of the state of Michigan. Out-of-state/country applicants must provide a copy of their current license with the licensing rules and regulations from that state/country.

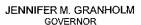
	OFFICE USE ONLY
Applicant Information	T-81 1219(/
NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER*
Gibson Rickey GENE	
HOME ADDRESS	DATE OF BIRTH
1901 MELROSE STREET	
GARLAND	U.S.A.
STATE ZIP CODE	TELEPHONE NUMBER (Include Area Code)
Texas 75042	·
Current Status	
Have you previously applied to take the Michigan master plumber examination?	☐Yes ☐No
11. Trave you previously applied to take the lineingart traster plantier examination:	163 (2) 100
2. Have you been licensed as a journey plumber in Michigan?	□Yes □No
2. Have you been licensed as a journey plumber in Michigan?	Li res Liza No
Journey Plumber License No. 82	
·	
Are you licensed as a master plumber in another state or country?	Yes No
Are you licensed as a master plumber in another state or country? Master Plumber License No. <u>RF 0066544</u> State/Country	FLARIDA U.S.A.
Examination Preference	
Examinations are conducted in March, June, September and December of each year. Ple	
examination, an admission card will be mailed to you approximately 10 days prior to the e	examination date. If the examination date you have selected is
full, you will be scheduled for the next available examination.	
Preferred Date	
No Preference - Next Available Examina	ation
The Foldiones - Nove / Valuable Expiring	allott
If you have a disability and require an accommodation to take the examination, please submit writh psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.	

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

BCC-329 (Rev. 3/07) Page 1

Background Information				,
Have you been convicted of a felony or miss	demeanor?	☐ Yes	No	
If yes, complete the Conviction History section for examination and issuance of a plumber's				s question will result in you forfeiting any rights of consideration
Conviction History In accordance with the Former Offenders Act above which asked if you had been convicted	, 1974 PA 38 i of a felony	31, this is to pro- or misdemeano	vide you with an r.	opportunity to explain your affirmative response to the question
be used to process your application. Attach a				requested on this form is required under 2002 PA 733 and will
YOUR NAME WHEN CONVICTED				
INDICATE CONVICTION(S) FOR WHICH YOU WERE CH	ARGED			
DATE(S) OF CONVICTION(S) AND SENTENCE(S)				
NAME AND ADDRESS OF SENTENCING COURT(S)			1	
CHECK YES OR NO TO THE FOLLOWING				1 No
1. Are you a current inmate?	Yes	No		
2. Are you currently on probation / parole?	Yes Yes	No		
If yes, provide the name, address and teleph	ione number	r of the correction	nal facility, proba	ation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAR	OLE			
REHABILITATION PROGRAMS ENROLLED IN OR COMP	reten			
onviction History Certification and Signat	ture (To be s	signed only if Co	onviction History	section above is completed)
the Bureau of Construction Codes to contact	ided are true appropriate	e and accurate to agencies regar	o the best of my ding my record o	knowledge. By signing this form, I give my permission to allow of conviction(s).
SIGNATURE OF APPLICANT	9:1			DATE 08/14/2

Employment Information - This section is to be completed by the master p	lumber supervising the applicant
LAKE SUMTER PLUMBING	NAME OF MASTER PLUMBER RICKEY GENT GIBSON DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR) From: 3///1992 To: PRESENT
LAKE SUMTER PLUMBING BUSINESS ADDRESS 1901 MELROSE ST CITY STATE ZIP CODE	DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)
CITY STATE ZIP CODE	From: 3///992 10: 1 1223 2W]
GARLAND TEXAS 75042	☑ Full Time □ Part Time No. Hours/Week 40 f
Residential Heavy Construction Industrial	☐ Commercial ☐ Maintenance ☐ Repair
OWNER AND MOSTER PLANSER	of this Plumbing contracton
OWNER AND Moster Plumber Company, Rough, topout, med	Gos, TRIM out, Respoir
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber	Subscribed and sworn before me, RICKEN G. GIBSON
installing plumbing. I further understand falsification of any statement is	: persent transportation of 2007
cause for rejection of application or revocation of license, if issued. SIGNATURE OF MASTER PLUMBER	TEXA County, Michigan.
Will The	Notary Public Specific Public TATE OF THE ASIA
B & OO (C 5444	My Confirm Exp. 02/10/2008 1/0 , 200 8
Previous Employer - This section is to be completed by the master plumbe	
NAME OF EMPLOYER	NAME OF MASTER PLUMBER
BUSINESS ADDRESS	DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)
	From: To:
CITY STATE ZIP CODE	☐ Full Time ☐ Part Time No. Hours/Week
TYPE OF WORK PERFORMED	
☐ Residential ☐ Heavy Construction ☐ Industrial	☐ Commercial ☐ Maintenance ☐ Repair
DESCRIPTION OF WORK	
I certify I am/was engaged in the business of being an authorized master plumber and the applicant was actually in my employ as a journey plumber	Subscribed and swom before me,
installing plumbing. I further understand falsification of any statement is cause for rejection of application or revocation of license, if issued.	thisday of
SIGNATURE OF MASTER PLUMBER	a Notary Public in and forCounty, Michigan.
LICENSE NUMBER	Signature of Notary Public
LICENSE NUMBER	My Commission expires:,
Certification and Signature (Must be signed by all applicants)	
	oility and that I have the experience required for this examination. I further n or revocation of license, if issued.
SIGNATURE OF APPLICANT	DATE
Kocha D- //al	8/14/01



STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH LANSING

KEITH W. COOLEY

August 28, 2007

Mr. Jeremy T. Gluskin 1219 S. Forest Ave. Ann Arbor, MI 48104

Dear Mr. Gluskin:

The Plumbing Division has received your Application for the **Master Plumber Exam**. The Plumbing Division is scheduling you to appear before the State Plumbing Board for consideration of your out-of-state experience. The next meeting will be held on **September 18**, **2007**, located at 2501 Woodlake Circle, Okemos, Michigan. Your appointment is at **11:40**. A map is enclosed for your convenience.

You will be required to provide your original license issued from the **State of California** and their licensing rules and regulations.

If an applicant has out-of-state experience, but not licensed, the applicant must provide a license certification letter from that state's licensing board to verify their employer held a license as a plumbing contractor during their employment. Further, each master plumber, or equivalent, that supervised you, as an apprentice plumber must furnish Affidavits of Employment.

Pending the decision of the board, it would be advisable to be prepared for the examination to be held on **September 19, 2007**, located in East Lansing, Michigan.

If you have any further questions, or are unable to attend, contact this office at 517/241-9330.

Sincerely.

Robert G. Konyndyk, Chief

Plumbing Division

RGK/mkr

Enclosure

Application for Master Plumber Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes / Plumbing Division P.O. Box 30255, Lansing, MI 48909 517-241-9330 www.michigan.gov/bcc

Examination Fee: \$50.00 (Nonrefundable)

Authority: 2002 PA 733 Completion: Necessary for examination consideration Penalty: Application cancelled and fee forfeited	The Department of Labor and Econominational origin, color, marital status, diswith Disabilities Act, you may make you	Out of state experience	je, ins
	<u> </u>	No plumbing license in Michigan.	_
Instructions: Applicant shall be at least	18 years of age, hold a jour	9	ю
		st 2 years immediately preceding the date of Epperature	
· Complete and sign original application	n. Tuno or print in ink		
 Complete and sign original application Master plumbers who supervised yourself 		tify your dates of employment and have their signature r	otarized
· Enclose a check or money order made			
• Mail completed application (all pages r			
Eligibility of Applicants From Another	State or Country		
-	_	atry may qualify for examination upon a determination by	the board
		ame or equal requirements as those of the state of Michi	
		with the licensing rules and regulations from that state/o	
		OFFICE USE ONLY	
Applicant Information		T-81 12191	
NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER*	
Gluskin, Jeremy, Tyler			1
HOME ADDRESS		DATE OF BIRTH	
1219 S. Forest Ave.			
СІТУ		COUNTY	711.0
Ann Arbor		Washtenaw	
STATE	ZIP CODE	TELEPHONE NUMBER (Include Area Code)	
MI	48104		
Current Status			
Have you previously applied to take the	Michigan master plumber exami	nation? Yes No	
2			
Have you been licensed as a journey pl	umber in Michigan?	LiYes L⊈ No	
Journey Plumber License No. 82			
Are you licensed as a master plumber in	another state or country?	Yes No	
Master Plumber License No. 761458	•	ountry California	
Master Plumber License No. 701430	State/Co	ountry Camorna	
Examination Preference			
Examinations are conducted in March, June,	September and December of eac	h year. Please indicate a preference of examination date. If app	roved for
examination, an admission card will be maile full, you will be scheduled for the next availat		rior to the examination date. If the examination date you have s	elected is
Preferred Date			İ
_	No Preference - Next Availab	le Examination	
September			

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information
Have you been convicted of a felony or misdemeanor?
If yes, complete the Conviction History section below. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.
Conviction History In accordance with the Former Offenders Act, 1974 PA 381, this is to provide you with an opportunity to explain your affirmative response to the question above which asked if you had been convicted of a felony or misdemeanor.
If you are unsure of exact details, respond to the best of your knowledge. The information requested on this form is required under 2002 PA 733 and will be used to process your application. Attach additional sheet(s) if necessary.
YOUR NAME WHEN CONVICTED
INDICATE CONVICTION(S) FOR WHICH YOU WERE CHARGED
DATE(S) OF CONVICTION(S) AND SENTENCE(S)
NAME AND ADDRESS OF SENTENCING COURT(S)
CHECK YES OR NO TO THE FOLLOWING
1. Are you a current inmate?
2. Are you currently on probation / parole?
If yes, provide the name, address and telephone number of the correctional facility, probation officer or parole officer.
RELEASE DATE FROM CUSTODY, PROBATION OR PAROLE
RELEASE DATE FROM COSTODY, PROBATION OR PAROLE
REHABILITATION PROGRAMS ENROLLED IN OR COMPLETED
Conviction History Certification and Signature (To be signed only if Conviction History section above is completed)
I hereby certify the statements and facts provided are true and accurate to the best of my knowledge. By signing this form, I give my permission to allow the Bureau of Construction Codes to contact appropriate agencies regarding my record of conviction(s).
SIGNATURE OF APPLICANT DATE

Tran Info:92 13185644-1 08/16/07 Chk#: 1006 Amt: \$50.00 ID: JEREMY GLUSKIN

NAME OF EMPLOYER	plumber supervising the applicant NAME OF MASTER PLUMBER					
BUSINESS ADDRESS		DATES OF JOURNEY EMPLOYMENT (MO/DAY/YR)				
			From:	То	:	
CITY	STATE	ZIP CODE				
			☐ Full Time	☐ Part Time	No. Hours/	Week
TYPE OF WORK PERFORMED						
	Construction	☐ Industrial	☐ Commercial	☐ Mair	ntenance	☐ Repair
DESCRIPTION OF WORK						
			<u> </u>			
			·			
I certify I am/was engaged in the			Subscribed and sworm	before me		
plumber and the applicant was act installing plumbing. I further und			ľ			
cause for rejection of application of			this day of _			
SIGNATURE OF MASTER PLUMBER			a Notary Public in and	for		County, Michigan
			Signature of Notary Pu	ablic		
LICENSE NUMBER						
			My Commission expire	3 5:		
Previous Employer - This section	s to be complete	od by the magter plumbe	s who supprised the	applicant		
NAME OF EMPLOYER	s to be complete	su by the master plumbe	NAME OF MASTER PLUM			
·						
BUSINESS ADDRESS			DATES OF JOURNEY EM	IPLOYMENT (MO/DAY/Y	R)	
			From:	To:		
CITY	STATE	ZIP CODE	1 TOTAL	10.	•	
	-		☐ Full Time	☐ Part Time	No. Hours/	\//eek
TYPE OF WORK PERFORMED			La t dir titile	- Tark Time	110. 110013	WCCK
☐ Residential ☐ Heavy 0	Construction	☐ Industrial	Commercial	☐ Mair	tonono	□ Deneir
DESCRIPTION OF WORK	Olistraction	Industriar	☐ Commercial		ntenance	☐ Repair
I certify I am/was engaged in the I	Nurinage of boing	a an authorized master				
plumber and the applicant was acti	ally in my emplo	y as a journey plumber	Subscribed and swom	before me,		·
installing plumbing. I further unde	erstand falsificati	on of any statement is	this day of _			
cause for rejection of application o	revocation of it	cense, it issued.				
			a Notary Public in and forCounty, Michigan.			
LICENSE NUMBER		Signature of Notary Public				
E-PART REMOEIN			My Commission expires:			
	·					
ertification and Signature (Must	be signed by all	applicants)				
certify the information provided is understand falsification of any statu	true and accura	ate to the hest of my ah	ility and that I have to	he experience requesse, if issued.	uired for this e	xamination. I furthe
SIGNATURE OF APPLICANT	/ 			DATE /	7_	
ho (1)		<u> </u>		8/1	/07	
1 1				· (1	

PLUMBING INSPECTORS

09/18/07 spb 11/07/07 ccc

BROZEK, Gary B Master License #8106991 (1978) Replacing Robert H. Scott (Registration #000857) City of Dearborn – Wayne County